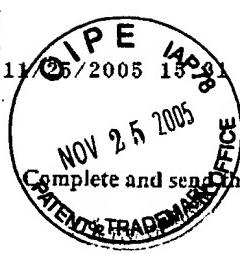


11/25/2005 15:31 FAX 613 230 6706

OGILVY RENAULT

004



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571) 273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20988 7590 09/28/2005

OGILVY RENAULT LLP  
 1981 MCGILL COLLEGE AVENUE  
 SUITE 1600  
 MONTREAL, QC H3A 2Y3  
 CANADA

11/28/2005 TBESHAW2 00000078 195113 09740932

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FC:8001 6.00 DA

APPLICATION NO. FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

09740,932

12/21/2000

Scott Pegram

9-13528-136US

7344

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

TITLE OF INVENTION: METHOD AND APPARATUS FOR ROUTING DATA TRAFFIC ACROSS A MULTICAST-CAPABLE FABRIC

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/28/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MAIS, MARK A		2664	370-390000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Kent Daniels  
 2. Ogilvy Renault LLP  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NORTEL NETWORKS LIMITED

St. Laurent, Quebec, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 2

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-5113 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature:

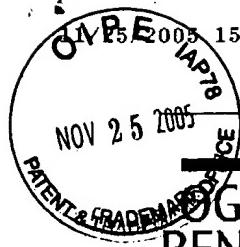
Date: November 25, 2005

Typed or printed name: Kent Daniels

Registration No. 44,206

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 132 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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OGILVY  
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LLP / S.E.N.C.R.L. s.r.l.

OGILVY RENAULT

001

## Facsimile

Our File:9-13528-136US KD/bd

### Confidentiality Message

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Number of pages including this cover sheet: 8

Date: November 25, 2005

From: Kent Daniels

Telephone: (613) 780-8673

E-Mail: kdaniels@ogilvyrenault.com

To	Company	City	Facsimile
<b>MAIL STOP ISSUE FEE</b> Examiner: MAIS, Mark A. Art Unit: 2664	United States Patent Office-Facsimile Centre	Alexandria, VA	(571) 273-2885

Re: Application No.

09/740,932

Inventor(s): Scott Pegrum et al.

Title:

METHOD AND APPARATUS FOR ROUTING  
DATA TRAFFIC ACROSS A MULTICAST-CAPABLE FABRIC

In response to the Notice of Allowance dated September 28, 2005, attached hereto is the issue and publication fee payment together with related documentation.

Harris & Partners,  
Patent Agents & Trade-mark Agents

Suite 1500  
45 O'Connor Street  
Ottawa, Ontario K1P 1A4  
Canada

Telephone (613) 780-8661  
Fax (613) 230-6706

ogilvyrenault.com



11/25 15:30 FAX 613 230 6706

OGILVY RENAULT

002

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

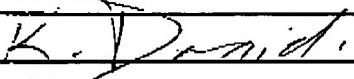
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	09/740,932	
	Filing Date	12/21/2000	
	First Named Inventor	Scott Pegrum	
	Art Unit	2664	
	Examiner Name	MAIS, Mark A.	
Total Number of Pages in This Submission	8	Attorney Docket Number	9-13528-136US

## ENCLOSURES (Check all that apply)

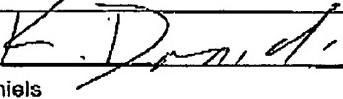
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Cover letter, Issue Fee Transmittal, "Fee Address" Indication	
			<input type="checkbox"/> Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Ogilvy Renault LLP		
Signature			
Printed name	Kent Daniels		
Date	November 25, 2005	Reg. No.	44,206

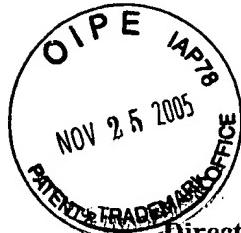
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kent Daniels	Date	November 25, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**OGILVY  
RENAULT**  
LLP / S.E.N.C.R.L, s.r.l.

**Direct Dial: (613) 780-8673**

**Direct Fax: (613) 230-6706**

[kdaniels@ogilvyrenault.com](mailto:kdaniels@ogilvyrenault.com)

November 25, 2005

**VIA FACSIMILE: (571) 273-2885**

**Mail Stop ISSUE FEE**

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450  
U. S. A.

Sir:

**Re: United States Patent Application No.: 09/740,932**  
**Title: METHOD AND APPARATUS FOR ROUTING**  
**DATA TRAFFIC ACROSS A MULTICAST-CAPABLE FABRIC**  
**Inventors: Scott Pegrum**  
**Our File: 9-13528-136US**

In response to the Notice of Allowance dated September 28, 2005, enclosed are the following documents in relation to the above-identified patent application:

1. Transmittal Form, PTO Form SB/21.
2. Issue Fee Transmittal form.
3. "Fee Address" Indication form.
4. Fee Transmittal form (in duplicate) covering payment of the issue fee \$1400.00, publication fee \$300.00, and two printed copies of the issued patent (\$6.00).

The Commissioner is hereby authorized to charge the above-noted fees in the amount of **\$1,706.00** to our Deposit Account No. 19-5113. The Commissioner is also authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 19-5113.

Respectfully submitted,

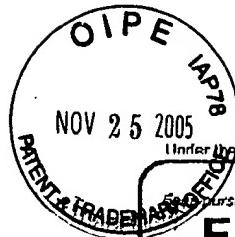
*K. Daniels*  
 Kent Daniels  
 Reg. No. 44,206  
 Agent of Record  
 KD/bd/Encls.

Barristers & Solicitors,  
Patent Agents & Trade-mark Agents

Suite 1500  
45 O'Connor Street  
Ottawa, Ontario K1P 1A4  
Canada

Telephone (613) 780-8661  
Fax (613) 230-5459

[ogilvyrenault.com](http://ogilvyrenault.com)



PTO/SB/17 (12-04v2)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**FEE TRANSMITTAL**  
For FY 2005

Effective on 12/08/2004.  
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**1,706**

**Complete if Known**

Application Number	09/740,932
Filing Date	12/212/2000
First Named Inventor	Scott Pegrum
Examiner Name	MAIS, Mark A.
Art Unit	2664
Attorney Docket No.	9-13528-136US

**METHOD OF PAYMENT** (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number 19-5113 Deposit Account Name: Ogilvy Renault
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description

<u>Each claim over 20 (including Reissues)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each independent claim over 3 (including Reissues)	50	25
Multiple dependent claims	200	100

Total Claims

Extra Claims      Fee (\$)      Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims      Fee (\$)      Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

Small Entity

Fee (\$)      Fee (\$)

50      25

200      100

360      180

Multiple Dependent Claims

Fee (\$)      Fee Paid (\$)

\_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1501-Issue Fee (1400), 1504 Publication fee (300) and 8001 (2) Copies

Fees Paid (\$)

1,706

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	44,206	Telephone	(613) 780-8673
Name (Print/Type)	Kent Daniels			Date	November 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.